

**STRUCTURAL PEST CONTROL BOARD**

1418 HOWE AVENUE, SACRAMENTO, CA 95825

Telephone Numbers:

Administration Unit (916) 263-2540
 Examination/Licensing /Records Storage (916) 263-2544
 Complaint Unit (916) 263-2533
 FAX (916) 263-2469

www.DCA.CA.GOV/PESTBOARD

**AFFIDAVIT OF LOST LICENSE/REGISTRATION****FEE: \$2 PER COPY**

(Remit by money order, cashier's check, or personal check payable
to the Structural Pest Control Board)

FOR BOARD USE ONLY

Cashiering No.

License No.

Checked by

Date

Please Print or Type

Request is hereby made for:

- ☐ Replacement of original license, registration. (Wall)
☐ Replacement of current renewal receipt. (Pocket)

Full Name:

License or Registration No.

Residence Address:

Drivers License No.

Employer:

Date of Birth

Change of Employment? ☐ No ☐ Yes - If yes, complete the following:

Former Employer:

Date Left:

New Employer:

Date Employed:

Principal Office Address:

Branch Office Address:

Please indicate which address you wish to use for mailing purposes:

☐ Residence☐ Business

State circumstances regarding loss of license/registration:

SOCIAL SECURITY NO. _____**FEIN NO.** _____

Disclosure of your social security number (or federal employer identification number ("FEIN"), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or your FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

I hereby certify under penalty of perjury under the laws of the State of California concerning the license or registration described above that I will immediately return the license or registration to the Structural Pest Control Board should said license or registration be found, or report its whereabouts should it become known to me; and that this statement is true and correct.

Signature of Licensee

Date